

It appears that physicians in England receive a fee from the Health Department for every notification they send of cases of contagious disease. If physicians here who are asked to perform this very disagreeable task without any remuneration were also paid, no doubt the number of cases reported would be very much greater. As long as there is no contagious diseases hospital to take the patients to, we do not think that notification is of much benefit to the community.

It is the fashion at present to abuse the Hospitals and Dispensaries for allowing themselves to be abused by those who are able to pay. At a recent discussion on this subject before the Practitioners Society of New York (*N. Y. Medical Record*, 3rd Feb., 1894), the general opinion was expressed that it was quite exceptional for these charities to be abused. The Medical schools required clinical material, and in return for being thus made use of, those who went to the clinic received advice and medicine. This was very little for either part to thank the other for: In our opinion, they generally have to put up with a great deal of discomfort and loss of time in order to obtain attendance which was not always of very much value. Then again it depends very much upon the fees asked by the young practitioner, whether people in very moderate circumstances were poor enough to have to go to the dispensaries or not. A great many could afford a half a dollar twice a week who certainly cannot afford two dollars a visit, and for two visits a day. Those who grumble most at the dispensaries are the young doctors, and yet they need have nothing to fear from the former, provided they would place their fees within the reach of the mass of the people.

We have more than once pointed out some of the advantages of the practitioner's returning to the good old custom of dispensing his own medicine, the principal ones being that by so doing he would see his patient at least every week, instead of never seeing him again; second, if he cured the patient, the latter would recommend his friends to consult the doctor instead of obtaining a counter-prescription from the druggist; third, he would avoid the danger of having his patient fall into the hands of the patent medicine man, whose wares fill up every available corner in the druggist's shop; and fourth, he would be much surer that his patient would get the medicine he wished him to have, instead of something else which the young drug clerk might consider equally as good or even better. But there appears from the reports of a recent trial in the courts to be still another reason why the doctor should beware of sending his patient to a druggist shop. A few months ago a

physician with a large practice in the west end of Montreal sent a man to a druggist for some medicine for his wife, whom the doctor was engaged to confine and whom he was then attending. The druggist, while filling the doctor's prescription, told the man that the doctor was not competent to confine his wife, as he had once tapped a lady who was pregnant, having mistaken pregnancy for dropsy. The husband went home and told this to his wife, and so alarmed her that she at once discharged the doctor and engaged another one. The husband was also a member of a large lodge of several hundred members, of which lodge the doctor was the medical adviser, and at the next meeting of the lodge communicated the story of the tapping to other members in open lodge, with the result that the doctor was dismissed from the lodge. The druggist also told another patient of the same doctor's that his prescription was no good and that the doctor was no better. The doctor then sued the druggist for five thousand dollars damages, with the unexpected result that he lost the suit, and had to pay the costs, although it was proved that the tapping story was a falsehood manufactured out of whole cloth. The moral of this episode is that it is a very dangerous thing to send patients who have perfect confidence in their doctor to a drug store, where their confidence may be shaken and where their patronage may be alienated away to another doctor in whom the druggist has an interest. It would have been better for the retail druggists in general if this particular one had confessed his fault and thrown himself on the clemency of the court and the physician whom he had wronged, rather than that they should glory, through their pursuit, in the victory of a great wrong which, it was not denied, there had been committed.

SUBCUTANEOUS LIGATURE FOR VARICOCELE.

Dr. E. F. TUCKER has employed the following with success: An ordinary stout needle, about two inches long, and the necessary ligatures are all the instruments required. The needle, threaded, is made to pierce the scrotum from before backward, between the vas deferens and the veins, one end of the ligature being drawn clear through. The eye-end of the needle, which is still on the thread, is re-introduced through the hole of exit, and carrying the thread with it is made to pass outside of the veins and under the dartos, and out again through the hole of entrance, this end of the ligature drawn through, the needle unthreaded, and the ligature tied. By thus using the blunt end of an ordinary needle to carry the ligature back about the veins, there is no danger of piercing a vein or of puckering the skin of the